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CONFIRMATION NO. 4971

Bib Data Sheet

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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
 This appln claims benefit of 60/183,565 02/18/2000 *OK BLS 2/1/05*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/15/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	 Examiner's Signature	 Initials	STATE OR COUNTRY AZ	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
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TITLE  
 Ambulatory apparatus and method of manufacture thereof

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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